

MONTANA BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS
301 South Park, Room 428
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2387 FAX (406) 841-2305
EMAIL: dlibsdp@state.mt.us
WEB SITE: <http://www.privatesecurity.mt.gov>

APPLICATION PROCESS FOR LICENSURE

Please allow 21 to 30 days to process a complete application from the time it is received in the board office. If application is incomplete, or fingerprints are rejected it will take more time.

LICENSURE REGISTRATION TYPES: **(CFI) Certified Firearms Instructor**

LICENSING REQUIREMENTS:

- Must be at least 21 years of age
- Must be a citizen of the United States
- Must have successfully completed a NRA shooting class and course.
- Must include complete copy of your Training Manual, which would include classroom instruction and shooting range instruction.

Any person wishing approval of the board to offer a course in the carrying and usage of firearms must make application to the board and include (a) a detailed outline of the course to be provided; (b) the name of the instructor and documentation of their qualifications; and (c) places and dates where the course will be offered, length of the course, and an estimate of the maximum number of persons who can be accommodated and a description of the facility to be used.

Such information must be presented to the Board at least 30 days before the course is to be given. No student will be enrolled in a course unless they have made application for licensure to the Board.

Approval of a course may be withdrawn by the Board in writing.

FEES FOR LICENSURE:

Certified Firearms' Instructor.....	\$ 100.00
FBI Fingerprint Processing Fee	\$ 24.00
Dept of Justice Fingerprint Processing Fee.....	\$ 10.00

- **Make check or money order payable to the Montana Board of Private Security**
- **DO NOT SEND CASH**

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required. A license will not be issued until all materials are received and approved.

1. Completed application form and fees.
2. Completed fingerprint card.
3. A full-face photograph of head and shoulders.
4. Scanning Input Form with signature and photograph of applicant attached in space provided.
5. A list of employment for the past five (5) years by occupation, time employed, name and address of employer. Include periods of unemployment, semi-retirement, student enrollment, etc. Do not leave any gaps in the 5-year history.
6. Proof of education; i.e. diploma, transcripts, training certificates.
7. Proof of experience; i.e. documentation from employer, W-2's, tax returns.
8. Copies of licenses held in other states.

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☐ **Certified Firearms' Instructor**

11. Describe firearms' courses you have instructed, giving the numbers of trainees attending each course, dates and location of each course, and the type of course. (Attach additional pages if necessary and copies of certificates).

12. Please provide the names and addresses of any law enforcement official(s), NRA official(s), or other person(s) who have knowledge of your qualifications as a firearms' instructor who are willing to recommend you. (Attach additional sheet or letters from officials.)

13. Are you a certified NRA instructor? (Attach copy of certificate.) ☐ Yes ☐ No

14. Are you a high school graduate or its equivalent? ☐ Yes ☐ No
Name of high school _____ State _____

15. Is there a firearm range available to you to provide firearms' training and qualification? ☐ Yes ☐ No
If yes, indicate where the range is located, the name of the organization, and the person who has control over the range.

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

16. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? ☐ Yes ☐ No

17. Has your license (certificate) ever been forfeited or surrendered? ☐ Yes ☐ No

18. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? ☐ Yes ☐ No

19. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation? ☐ Yes ☐ No

20. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? ☐ Yes ☐ No

21. Have you ever been charged with or convicted of a crime (including a plea of no contest, nolo contendere or deferred prosecution) involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? ☐ Yes ☐ No
You may omit: (1) traffic violations for which you paid a fine of \$100 or less and (2) charges or convictions Prior to your 16th birthday.

22. Have you ever been charged with fraud, formally or informally, in any civil proceeding? ☐ Yes ☐ No

23. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession/occupation? ☐ Yes ☐ No

24. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation? ☐ Yes ☐ No

Do you currently hold any type of license (excluding driver's) in Montana or another state? If yes, provide the following information:

State/Province/Territory	License Number	Date Issued	Is It Current		Type of License
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

List three references below, not related by blood or marriage. Two of the three being a former employer, individual, or firm with whom you had a working contractual agreement or had knowledge of the agreement or working relationship.

Name of Reference	Relationship	Phone Number

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

Notary Public

Notary Public Printed Name

SEAL

For the State of

My commission expires _____, _____.

STATE OF MONTANA – DEPARTMENT OF LABOR AND INDUSTRY
BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

SCANNING FORM FOR PHOTO ID CARD

Affix Photo Here

Signature required on above line.